

FY07 Submission Guidelines

1.5.14.5 Co-Occurring Disorder Guidelines

General Guideline:

Screening for mental health disorders will be located in the client's individual chart. Charts will be reviewed by DMHMRS staff at site visits.

Submission Process:

Information will be submitted quarterly to the Division of Mental Health and Substance Abuse Services documenting the number of mental health screenings provided to clients receiving substance abuse treatment. Written policy of treatment protocol for clients who have been identified as having a co-occurring mental illness will also be submitted.

Documentation of Screening Data:

Completion of the 1.5.14.5 form provided by the Division will be submitted electronically. It will indicate the percentage of new substance abuse clients screened. The identification of the screening tool and the staff training of the tool will also be required. Additionally, the form will request a copy of a written policy of treatment protocol for clients who have been identified as having a co-occurring mental health disorder. This policy will be acted upon (approved or disapproved) by the DMHMRS by December 31, 2006.

Reporting dates:

October 30, 2006

January 30, 2007

April 30, 2007

July 30, 2007

Screening data is submitted within 30 days of the end of each quarter (October 30, January 30, April 30, and July 30) to the Department.

Incentive breakdown:

Number of screenings will be compared to number of SA clients (as defined by TEDS) who received their first service in the quarter being reported.

95% compliance = 1%

85% compliance = $\frac{3}{4}$ % of 1%

75% compliance = $\frac{1}{2}$ % of 1%

Below 75% compliance = 0% of incentive

Contact Person for Questions: JeanM.Henry@ky.gov
502-564-4456

Please send information to: JeanM.Henry@ky.gov
With a copy electronically to: Dottie.Crocker@ky.gov
502-564-4860

CO-OCCURRING DISORDERS:

1.5.14.5 Performance Based Outcomes

Center Name and Number:

Reporting Period FY 07

_____ July-Sept _____ Jan-March

_____ Oct-Dec _____ April-June

_____ Total for year

Requirements:

1. Identify screening tool (psychosocial, KTOS, MINI, etc.)
2. Describe training of staff on the screening tool
3. Number of new substance abuse client served _____ (this number will be provide by DMHSA)
Number of these clients screened for mental health disorders _____
4. Documentation of screening will be reviewed during monitoring visits.
5. Written policy of treatment protocol for clients who have been identified as having a co-occurring mental health disorder.

Indicator:

Using the TEDS definition of a substance abuse client, 95% of clients receiving their first service in the quarter being reported will be screened.

Report prepared by: _____ Title: _____

Send this form to: Division of Mental Health and Substance Abuse
Attn: Jean Henry
100 Fair Oaks Drive, 4 ED
Frankfort, KY 40621
JeanM.Henry@ky.gov

With a copy electronically to: Dottie.Crocker@ky.gov

Form is due 30 days after the end of each quarter.